



MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH UFFI DISCLOSURE

The dwelling located at _____
(Number and Street)

(City/Town) MA (State) (Zip Code)

contains urea formaldehyde foam insulation (UFFI). The Commonwealth of Massachusetts has established a program to promote a healthier living environment by identifying the presence of formaldehyde emissions from UFFI in residential dwellings and by facilitating the removal of UFFI from those dwellings where either the formaldehyde level in the air is greater than 0.10 parts per million (ppm), or where an occupant of the dwelling has suffered adverse health effects from the presence of UFFI. Any seller or landlord of a residential dwelling containing UFFI has an affirmative obligation to determine the presence of UFFI and to disclose both its presence and the formaldehyde levels in the dwelling to buyers, tenants, or prospective tenants.

UFFI is located in this dwelling in the following places (where checked):

_____ exterior walls (which) _____
_____ interior walls (which) _____
_____ floor/ceiling space (where) _____
_____ attic _____
_____ other _____

The date the UFFI was installed is _____

The air in this dwelling has been tested in accordance with procedures established by the Massachusetts Department of Public Health. A copy of the laboratory report is attached. The test results were as follows:

Locations (rooms)	Formaldehyde Level measured in parts per million (ppm)
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____

By law, no real estate agent, broker or salesperson, and no bank, lending institution or mortgagee doing business in Massachusetts may discriminate in any manner against a dwelling containing UFFI, or against its owner, when the formaldehyde level in the air of the dwelling is 0.10 ppm or below.

I/we attest that all the information provided by me/us in this Disclosure is true and accurate to the best of my/our knowledge.

Date: _____

Signature of the Seller(s) or Landlord:

For Buyer(s):

I/we received this UFFI Disclosure and accompanying UFFI Information Sheet before giving a deposit on, or signing an offer to Purchase or a Purchase and Sale Agreement for, the dwelling referred to in this Disclosure.

Date: _____

Signature of Buyer(s):

For Tenant (s):

Prospective tenant (s): I/we received this UFFI Disclosure and accompanying UFFI Information Sheet before entering into a lease or rental agreement for the dwelling referred to in this Disclosure.

Date: _____

Signature of Prospective Tenant(s):

Existing Tenant(s): I/we received this UFFI Disclosure and accompanying UFFI Information Sheet on or before February 1, 1987.

Date: _____

Signature of Existing Tenant(s):

For additional information please read the Massachusetts Department of Public Health's UFFI Information Sheet, which by Law must be distributed to you with this Disclosure. You may also call the Department of Public Health's at (617) 983-6762.